

# Youth Strength & Conditioning Classes

## Summer 2016

Improve your overall strength, fitness, and performance by attending these strength and conditioning classes.

Attendees will learn proper acceleration and running techniques by focusing on correct form, core strength, mechanics, and breathing. A variety of training techniques and tools will be utilized including resistance bands, TRX suspension trainers, agility ladders, mini hurdles, medicine balls and body weight.

Owner Rob Smith has been in the health & fitness industry for 24 years and holds 11 certifications in health, fitness, and athletic enhancement. Results guaranteed or your money back.

### Check the box of which session(s) you will be attending:

#### SUMMER SESSION 1:

- Ages (8-12) June 14 - July 21 (Tues/Thur 9:00 - 10:00 am) \$197.00  
 Ages (13-17) June 14 - July 21 (Tues/Thur 10:00 - 11:00 am) \$197.00

#### SUMMER SESSION 2:

- Ages (8-12) July 26 - August 25 (Tues/Thur 9:00 - 10:00 am) \$167.00  
 Ages (13-17) July 26 - August 25 (Tues/Thur 10:00 - 11:00 am) \$167.00



To Register: Drop off or mail form with payment to:

#### **The Body Project Studio**

525 Diffley Road, Suite #2060, Eagan, MN 55123

Make checks payable to The Body Project. Credit card payment accepted at The Body Project.

Questions? Call 952-220-7201

### Registration Information

(Please print clearly)

Payment Received: Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  Credit Card  Check # \_\_\_\_\_  Cash

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Contact Phone Number during sessions in case of emergency \_\_\_\_\_

My child can be picked up by \_\_\_\_\_

**Waiver and Release.** I acknowledge and agree that: By signing this document, I declare that I have no known medical problems that would preclude my participation in the Program, and the information provided to The Body Project regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My Participation in The Body Project program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in the Program.

I hereby, on behalf of myself, personal representatives, heirs, executors, administrators, agents and assigns, forever release and discharge The Body Project, its affiliates, employees, agents, representatives, successors and assigns from any and all claims or causes of action (known or unknown) that I may now have or will have in the future as a result of The Body Project's negligence. This waiver and release of liability includes, but is not limited to, injuries that result from (a) use of any exercise equipment or facilities provided by AMI; (b) use of any exercise equipment or facilities which may malfunction, (c) The Body Projects improper maintenance of any exercise equipment or facilities, (d) any negligent instruction or supervision provided by The Body Project, and (e) any injuries which occur because of slipping and falling while on The Body Project premises or equipment. **I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY. THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST The Body Project, ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY or indirectly from The Body Project's negligence.**

Parent Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_